

ORDER FOR SUPPLIES OR SERVICES

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

1. DATE OF ORDER 09/26/2018		2. CONTRACT NO. (If any) OAS-FOI-A-17-01		6. SHIP TO:	
3. ORDER NO. 11316018F0011OND		4. REQUISITION/REFERENCE NO. OND-GEN-R-18-0085		a. NAME OF CONSIGNEE OND	
5. ISSUING OFFICE (Address correspondence to) OND 725 17th St. NW Room 5200 WASHINGTON DC 20503				b. STREET ADDRESS (SSDMD/RDS); OND PO# JOINT BASE ANACOSTIA-BOLLING (JBAB) BLDG 410, DOOR 123 250 MURRAY LANE, SW	
				c. CITY WASHINGTON	e. ZIP CODE 20509

7. TO:		f. SHIP VIA	
a. NAME OF CONTRACTOR PROXY PERSONNEL LLC		8. TYPE OF ORDER	
b. COMPANY NAME		<input type="checkbox"/> a. PURCHASE <input checked="" type="checkbox"/> b. DELIVERY	
c. STREET ADDRESS 1050 CONNECTICUT AVENUE N.W. SUITE		REFERENCE YOUR: Please furnish the following on the terms and conditions specified on both sides of this order and on the attached sheet, if any, including delivery as indicated.	
d. CITY WASHINGTON	e. STATE DC	f. ZIP CODE 20036-5304	Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is issued subject to the terms and conditions of the above-numbered contract.

9. ACCOUNTING AND APPROPRIATION DATA See Schedule		10. REQUISITIONING OFFICE EOP/ONDCP	
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input checked="" type="checkbox"/> a. SMALL <input type="checkbox"/> b. OTHER THAN SMALL <input type="checkbox"/> c. DISADVANTAGED <input type="checkbox"/> d. WOMEN-OWNED <input checked="" type="checkbox"/> e. HUBZone <input type="checkbox"/> f. SERVICE-DISABLED <input type="checkbox"/> g. WOMEN-OWNED SMALL BUSINESS (WOSB) ELIGIBLE UNDER THE WOSB PROGRAM <input type="checkbox"/> h. EDWOSB			12. F.O.B. POINT Destination

13. PLACE OF		14. GOVERNMENT B/L NO.	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) 7 Days After Award	16. DISCOUNT TERMS
a. INSPECTION Destination	b. ACCEPTANCE Destination	N/A		IMMEDIATE PROMPT PA

17. SCHEDULE (See reverse for Rejections)

ITEM NO. (a)	SUPPLIES OR SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
	The vendor shall provide paralegal support services for OND (BPA Option Year 1 CLIN 0002) for an estimated 2,080 hours in accordance with the attached Statement of Work (SOW). The period of performance is 09/29/2018 through 09/28/2019. The terms Continued ...					

SEE BILLING INSTRUCTIONS ON REVERSE	18. SHIPPING POINT		19. GROSS SHIPPING WEIGHT		20. INVOICE NO.		17(h) TOTAL (Cont. pages)
	21. MAIL INVOICE TO:						
	a. NAME EOP/ONDCP				\$109,200.00		17(i) GRAND TOTAL
	b. STREET ADDRESS (or P.O. Box) SUBMIT INVOICES VIA THE INVOICE PROCESSING PLATFORM at WWW:IPP.GOV				\$109,200.00		
c. CITY INQUIRIES CALL: (b)(6)		d. STATE	e. ZIP CODE				

22. UNITED STATES OF AMERICA BY (Signature)	23. NAME (Typed) KIRINA L. CANTRE TITLE: CONTRACTING/ORDERING OFFICER
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ORDER FOR SUPPLIES OR SERVICES
SCHEDULE - CONTINUATION

PAGE NO

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IMPORTANT: Mark all packages and papers with contract and/or order numbers.

DATE OF ORDER

CONTRACT NO.

09/26/2018

OAS-FOI-A-17-01

ORDER NO.

11316018F0011OND

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY ORDERED (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)	QUANTITY ACCEPTED (g)
0001	<p>and conditions established in the Base BPA OAS-FOI-A-17-01 remain unchanged.</p> <p>Admin Office: EOP/ONDCP 725 17th St. NW Room 5200 WASHINGTON DC 20503</p> <p>Accounting Info: (b)(6) (b)(6) -XXXXXXXXXX-XXXXXXXXXXXX-XXXXXX-XXXXX XXXX-XXXX-XXXXXXXXXXXX-XXXXXXXXXXXX-XXXXXX X-XXXXXXXXXX</p> <p>Period of Performance: 09/29/2018 to 09/28/2019</p> <p>Office of National Drug Control Policy (ONDCP) - FOIA Paralegal</p> <p>Number of Personnel Required: One</p> <p>Performance Location: Executive Office of the President, Office of National Drug Control Policy, Office of Legal Counsel, 750 17th Street, NW, Washington, DC 20503</p> <p>Duty Hours: 8 hours per day</p> <p>Period of Performance: 9/29/2018 to 9/28/2019</p> <p>Contracting Officer's Representative (COR): Carlos Dublin at (b)(6)</p> <p>The total amount of award: \$109,200.00. The obligation for this award is shown in box 17(i).</p>				109,200.00	

TOTAL CARRIED FORWARD TO 1ST PAGE (ITEM 17(H))

\$109,200.00

ONDCP Statement of Work

Background:

The Office of National Drug Control Policy (ONDCP) is requesting one paralegal to assist with handling responses to FOIA requests. The reason for this request is because the volume of FOIA requests has approximately tripled (depending on what exact time periods are measured) between 2016 and today. In spite of this increase, there have been few additional FOIA resources available to assist with the FOIA requests. The backlog of FOIA requests is getting significantly longer than it used to be and will likely continue to grow without additional resources devoted to handling the requests.

A significant portion of the work would include the review of documents and determining the responsiveness of documents to the FOIA requests, particularly with respect to pre-decisional materials and other FOIA exemptions, and assisting with the processing of the requests. The paralegal would be responsible for redacting documents to ensure compliance with the FOIA, while protecting information not subject to the request. Additionally, the paralegal would be expected to assist with other document productions and provide other paralegal services as needed during the time period of the contract.

Scope/Period of Performance:

1. Number of personnel: 1 Paralegal
2. Period of performance requested: 9/29/2018 - 9/28/2019
3. Hours requested: 2,080 hours
4. Level of experience requested: CLIN 0002 Paralegal with 5+ year documentation review experience at \$52.50
5. Existing BPA: OAS-S-17-0001 (Option Year 1)
6. Total Funding: \$109,200